

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014170

STATE FILE NUMBER

FILED APR 20 1959

Registration District No. 218

Primary Registration District No. 5784

Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN James Boyou Twnsp.		c. CITY OR TOWN Near East Prairie	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 miles S.E		d. STREET ADDRESS (If outside, give location) 7 Miles S. East	
3. NAME OF DECEASED (Type or print) CAROLYN SUE LINEBAUGH		4. DATE OF DEATH APRIL 3 1959	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-9-1942
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school		10b. KIND OF BUSINESS OR INDUSTRY none	9. AGE (In years last birthday) 17 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) Charleston, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Harry Linebaugh		13b. MOTHER'S MAIDEN NAME Ruther Baker	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT Harry Linebaugh	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed Skull		INTERVAL BETWEEN ONSET AND DEATH 9121	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 3	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Farm Tractor over turned in ditch crushing		20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Miss Linebaugh, She was operating the machine.	
20f. CITY, TOWN, OR LOCATION East Prairie COUNTY Mo. STATE Mo.		21. I attended the deceased from After death as to Coroner and last saw her alive on _____ Death occurred at 5:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Travis Shelby Coroner		22b. ADDRESS Charleston, Missouri	
22c. DATE SIGNED 4/9/59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 4-6-1959		23c. NAME OF CEMETERY OR CREMATORY W.O.W. Cemetery	
23d. LOCATION (City, town, or county) East Prairie, Mo.		24. FUNERAL DIRECTOR Travis Shelby ADDRESS East Prairie, Mo.	
25. DATE RECD. BY LOCAL REG. 4-10-59		26. REGISTRAR'S SIGNATURE Gertrude G. Harper	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

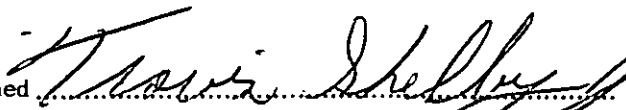
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4940P. O. Address East Point

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.